



Date Filed:

San Francisco Regional Office
1330 Broadway, Suite 1532
Oakland, CA 94612-2514
(510) 622-1016

8. DATE EXCLUSIVE REPRESENTATIVE WAS RECOGNIZED OR CERTIFIED: _____

9. IF A CURRENT WRITTEN AGREEMENT/MEMORANDUM OF UNDERSTANDING EXISTS COVERING THE ESTABLISHED UNIT(S), INDICATE:

AGREEMENT/MOU EFFECTIVE DATE: _____ EXPIRATION DATE: _____

10. DESCRIPTION OF THE UNIT MODIFICATION REQUESTED:

11. STATEMENT OF REASONS FOR THE REQUEST TO MODIFY THE UNIT(S):

12. ANY OTHER ORGANIZATION(S) KNOWN TO HAVE AN INTEREST IN REPRESENTING ANY EMPLOYEES COVERED BY THIS PETITION:

Name of Organization: _____

Address: _____

Telephone: (____) _____

DECLARATION

I (we) declare that the statements herein are true to the best of my knowledge and belief.

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____

NAME OF PETITIONING PARTY: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

Title: _____ Date: _____
